

# Canadian Hospital

*A Monthly Journal for Hospital Executives*



Toronto, Can.

*The Edwards Publishing Company*

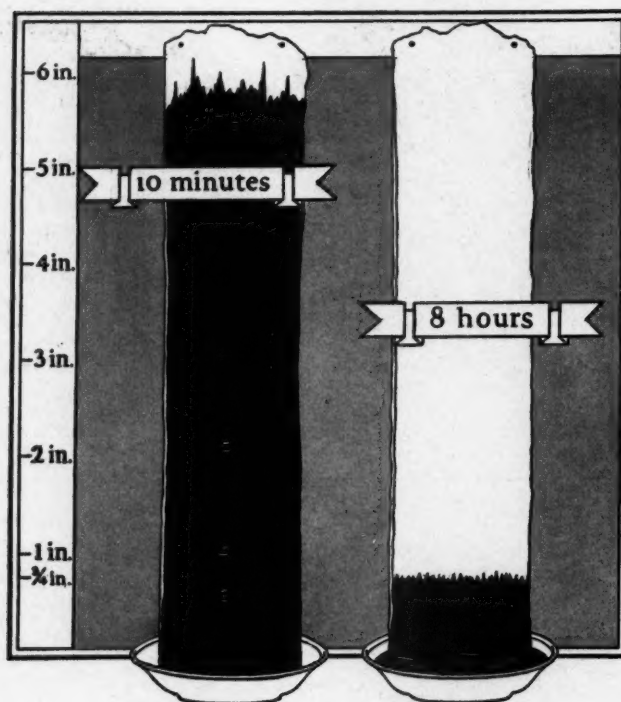
July, 1927

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*In This Issue—*

Problems in our Training Schools  
Make the Sanatorium a University  
Dietetic Department      Laundry Department  
News of Hospitals and Staffs  
Administration of Kingston General Hospital



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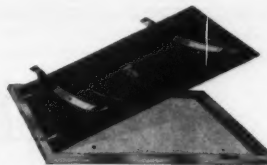
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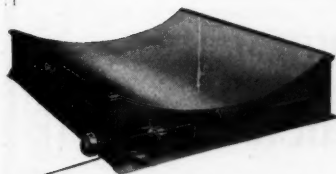


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The Victor Cassette

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Victor Model Potter-Bucky Diaphragm



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ONE of the greatest handicaps under which many X-ray laboratories are operating today is the attempt to produce good radiographic results with a too limited amount of accessory equipment.

This is especially true where the equipment has been in use for several years, as often-times the blame for inferior radiographic work is laid to "age of equipment," when as a matter of fact a new machine would show only a small improvement in the quality of work if the accessories so necessary to modern technic were not used. There are no doubt many existing X-ray equipments which offer years of usefulness, if by the addition of proper accessory equipment they are modernized.

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Victor Stabilized X-Ray Timer



Victor Auto-Transformer Unit

Send for the May-June issue of "Service-Suggestions," which contains an interesting and instructive article on this subject.

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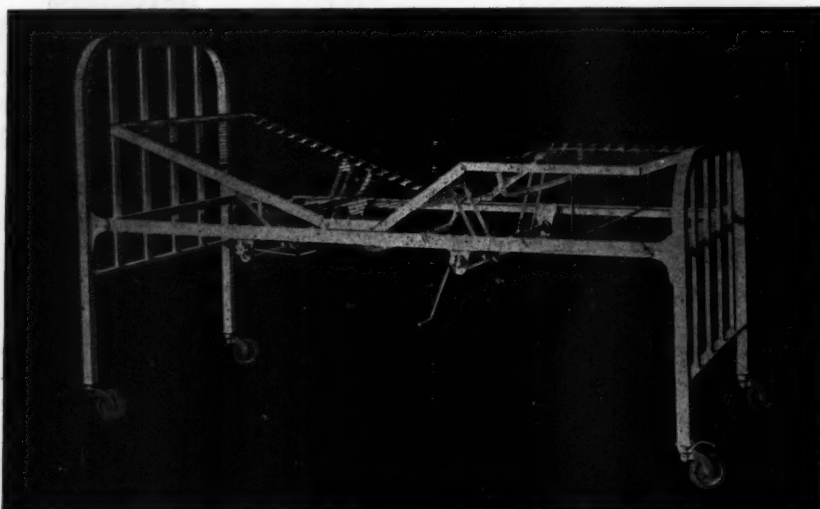
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 Best sagless spring.

**Easy Working**  
 A child can raise  
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*Manufacturers of Hospital Equipment*

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## Marshall Users Write Our Advertisements

READ WHAT MR. JOHN D. HAYDEN, PRESIDENT OF COBOURG GENERAL HOSPITAL,  
SAYS OF MARSHALL MATTRESSES:

### After 6 years

COBOURG GENERAL HOSPITAL

The Marshall Mattress Co.,  
Toronto, Ontario

Cobourg, Feb. 15th, 1921

Dear Sir:

When we opened our hospital six years ago, I bought from you 34 mattresses which I must say have been very, very satisfactory.

I find that we need six to nine mattresses for our nurses. Will you please give me your special quotation . .

Yours very truly,

John D. Hayden,  
President, Cobourg General Hospital.

### After 10 years

Cobourg, Feb. 2, 1924

Dear Sirs:

In answer to your enquiry as to our experience with your mattresses, I would say that I was a large stock holder in a rival mattress company and was of course inclined to place our order with that company. However the late Dr. Bruce Smith, Inspector of Hospitals, persuaded me to order your mattresses, which I did a little over ten years ago, and have added more, I think twice, so that I believe now every mattress for patients and nurses is of your make.

They have stood up well to every test and many, many a time I have heard of the most complimentary remarks made not only by exacting patients, but by our Superintendent, who has been with us ten years.

To me, the comfort of a good mattress, whether you are well or ill, is one of the most important things and many a time I have been grateful to Dr. Smith in giving the advice that he did.

To the great comfort that they have given must be added the appearance of the beds when made up—the sides are straight and present such a "trig" look. You are at liberty to send anyone at any time to our hospital to examine the mattresses or in any other matter in hospital work.

Yours very truly,

John D. Hayden,  
President, Cobourg General Hospital.

### After 13 years

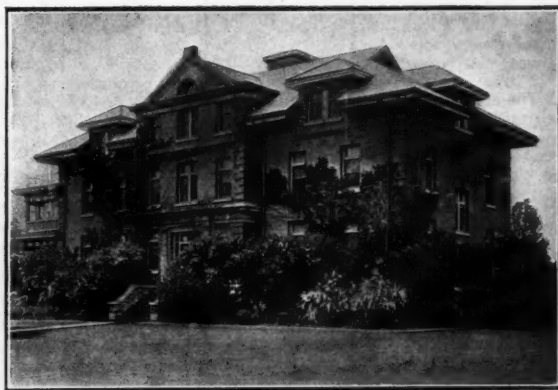
Cobourg, April 7, 1927

Dear Sirs:

You asked us how our Marshall Mattresses are standing up. Our Superintendent reports that they are still in good condition, just as comfortable as ever, and have given wonderful satisfaction; so go ahead and use my name and the Hospital in any way you wish.

Yours very truly,

John D. Hayden,  
President, Cobourg General Hospital.



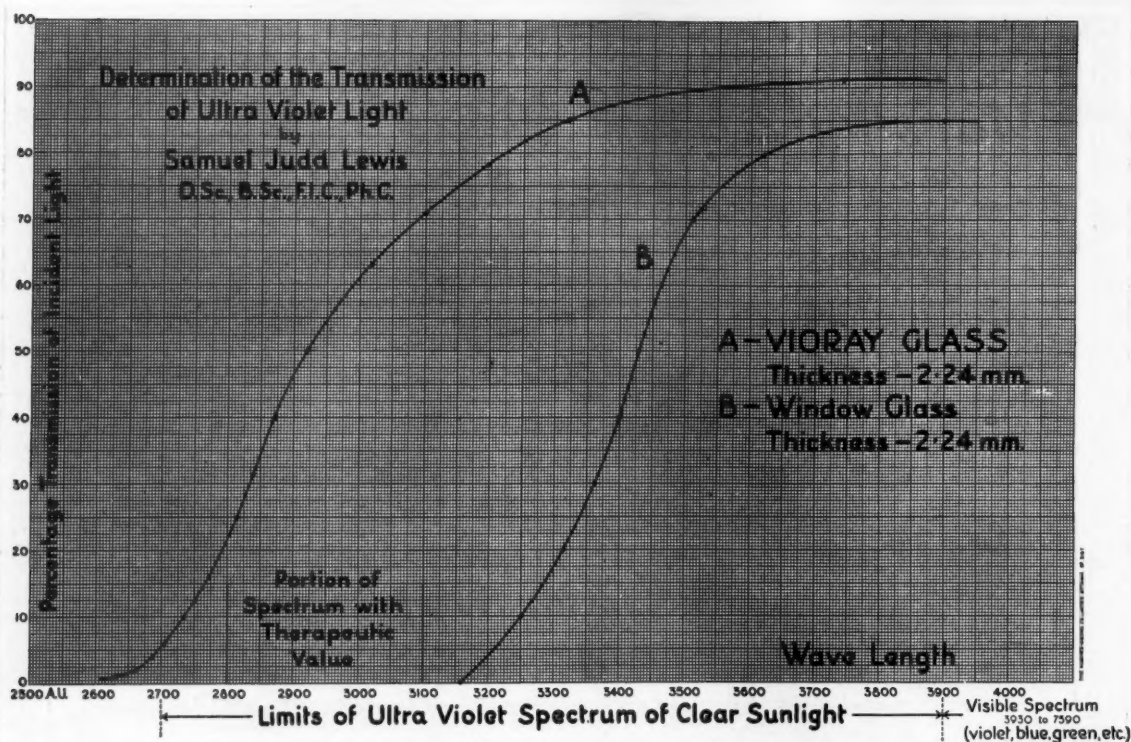
This is not an extraordinary case—  
it is the usual experience wherever  
Marshall Mattresses are used.

If you want unusual comfort, durability, sanitation and low cost over years of service, get the Marshall Spring Mattress.

Ask your local furniture men to get our  
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## Report on the Spectrophotometric Examination of a Specimen of **VIORAY GLASS**

By Samuel Judd Lewis, D.Sc., B.Sc., F.I.C., Ph.C.

London, February 25, 1927.

W.C. 1.

LABORATORY NO. 5559

This glass has been examined by the Judd Lewis Sector Photometer in conjunction with a large Hilger Quartz Spectrograph, under the conditions of modern practice. The experimental details are tabulated below, and these are also expressed in the accompanying curve.

The Extinction coefficient of Density, as it is usually called in glass technology, has a value  $\log I/I_0$  where  $I_0$  is the original intensity (that is 100 per cent.) of the beam of light used, and  $I$  is the intensity after passing through the glass.

The measurements have been corrected for loss by reflection. The thickness of the specimen was 2.24 m.m.

from

**ADAM HILGER**

24 Rochester Place, London, Eng.

(NOTE)

With reference to the glass advised in your letter of the 11th inst., we are forwarding you under separate cover the negative and six prints showing the absorption of these. The following is a note on the method adopted.

A condensed spark discharge was passed between Jones electrodes and an exposure of one minute given in each case. The absorption spectra were photographed on a Medium Quartz Spectrograph, size E.3, using a Wellington Spectrum Panchromatic Plate. The approximate limit of a sunlight in the spectrum has been indicated on the plate, and this limit is the furthest that it is possible to attain, given ideal conditions. It will be seen that the glasses A and B transparent to ultra-violet light of still shorter wave-length. It should be observed that the glass plates were of different thickness.

Density (Extinction) Coefficient	Percentage of Light Transmitted	Wave Lengths
0.04	91	3745
.07	85	3320
.10	78	3196
.15	71	3099
.20	63	3020
.25	56	2972
.3	50	2915
.4	40	2870
.5	31.5	2839
.6	25	2813
.7	20	2789
.8	16	2772
.9	12.5	2751
1.0	10	2735
1.2	6.3	2706
1.4	4	2682
1.7	2	2661
2.0	1	2633

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Vol. 4

JULY, 1927

No. 7

## OFFICIALS OF CANADIAN HOSPITAL ASSOCIATIONS

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## Improved Service for Pioneer Districts

A commendable activity in which the Canadian Medical Association is engaged is the establishment in pioneer districts, with the assistance of the Canadian Red Cross, pioneer hospitals, where the best medical service will be available.

A medical survey of Canada was made last March to find out the best locations for such hospitals.

Dr. T. C. Routley has been reappointed as honorary secretary of the Association, and greater extension of the work carried on last year in correlating and raising the standards of medical education in Canada will be made.

Last year 350 lectures were given and clinics carried on across Canada. Six hundred and thirty

meetings of doctors were held and some 17,000 members of the profession and the general public attended. The object of these is to assist the doctors in the outlying districts in keeping up with the latest progress made in medicine and surgery. Meetings are arranged through the provincial organizations.



## English Exams Made Less Expensive

With a view to control, in some measure, the efflux of graduates of Canadian medical colleges to the United States, where many of them at present go for post-graduate work, and are often lost to Canada, the Canadian Medical Council has under discussion and arrangement a scheme for the correlation of British and Canadian medical education.

At present the cost of going to Britain to take post-graduate work places it beyond the reach of most eligibles. Under the plan which is expected to be in operation within a year, the graduate of a Canadian medical college of a Canadian medical college will be able to take in Canada his primary examination for admission to the Fellowship of the Royal College of Surgeons in England. British examiners will come out and set the examinations, thus giving Canadians the opportunity to get British ideas and ideals of medical education and practice and with considerable relief as to cost.

The primary examinations in physiology and anatomy will be conducted here, but the final examination in clinical subjects will still have to be taken in England. This is expected to result in large numbers of Canadian graduates taking up work at home for the British examination.



## Group Insurance for Hospital Employees

Group insurance for employees of the City Hospital Board, Edmonton, was favoured at a meeting of the Board held recently. As the result of a secret ballot the members decided that a contract for a group policy should be entered into with one of the leading Canadian Insurance companies.

It will be necessary, however, for at least 75 per cent. of the employees, numbering 210, to agree to participate in the plan for it to go into effect. Securing of the consent of employees is left to the insurance company which is to first communicate with prospective participants.

Each policy is to be for \$1,000, while the total annual premium cost is placed at \$1,751.31, of which the hospital board would contribute \$160.91 and the employees \$1,490.40. The employees would pay 60 cents per month or \$7.20 a year.

In case the group scheme goes into effect future employees would be required to participate in it, but this would not be applied until they were on the permanent list.

Four companies submitted tenders for the contract and representatives had explained their proposition at an earlier meeting of the Finance Committee.



### Sunlight and Violet Rays

The indirect if not actually the direct dependence of living matter on light becomes more and more evident. Plant life shows a direct dependence upon sunlight for the necessary energy whereby the chlorophyll synthesizes various elementary substances and simple chemical compounds into the living plant structure. In animals light is absolutely necessary for continued good health and recently the application of certain rays separated from ordinary white light, has proved of remarkable value in correcting and curing certain disease processes.

As pointed out in the "Journal of Organotherapy," it is apparently the ray produced in the ultraviolet end of the spectrum, the ultraviolet rays that contribute some element to the metabolism of living cells that is indispensable for proper function. Perhaps it is only waves of this frequency that impart energy to the complex molecules involved in cell metabolism, and either ionize them or in some manner affect their physical constitution or energy supply, so that they give qualitatively different effects in living processes from similar molecules which have not been radiated. The ultraviolet rays of sunshine are largely lost before they reach the surface of the earth, but in high altitudes, notably in the glacial regions of Switzerland, they affect living matter appreciably.

Various devices, artificial lights, specially made window glass, etc., depending upon the fact that fused quartz permits their passage, are used to take advantage of these rays in medicine. Ordinary glass absorbs most of this ray from sunshine and thus prevents most of its good effects. The effect of the ultraviolet ray in rickets has been an outstanding feature of recent development in this field. The ray will control and cure rickets and take the place of the appropriate anti-rachitic vitamin D. The peculiar energy conferred by this ray is apparently inherent in the vitamin—perhaps lodged there by the action of the violet ray of sunlight acting on the plant. As is suggested in the "British Journal of Actinotherapy," however, it is not the violet ray alone that is necessary for the vital processes. Ordinary rays of varying type are essential and the violet ray is remarkable chiefly by reason of the rather clean cut separation of its effects from those of other waves.

### Montreal Nurse Wins High Honour

A scholarship providing one year's free tuition at Columbia University, \$1,000 and travelling expenses has been awarded to Miss Dorothea McCarrogher, graduate nurse of the Montreal General Hospital, and engaged with the Child Welfare Association of Montreal, by the Laura Spellman Rockefeller Foundation. The award is the second of its kind to be granted to public health nurses for proficiency in the study of the child itself as distinct from the study of health.

Commenting on the award, Dr. A. B. Chandler expressed the opinion that the scholarship indicated not only high proficiency of Miss McCarrogher in her work, but reflected credit on the nature of the

work of the Child Welfare Association in Montreal. He pointed out that a new system had been placed in operation whereby mothers are taught in groups of 15 to 20 instead of individually, as heretofore. Under the new system, the nurses were enabled to reach a much larger number of mothers.

In addition Dr. Chandler stated that the association has emphasized the teaching of "how," as well as "what" to do. The method involved the whole question of child psychology, and is engaging the attention of the Rockefeller Foundation largely at the present time.

Miss McCarrogher attended the lectures of the McGill public health course for graduate nurses last year, and won the Governor-General's medal for proficiency. She will return to the Child Welfare Association after her year in New York.

### Philadelphia's Sixteen-Storey Hospital

A new sixteen-storey hospital building for Philadelphia, Pennsylvania, has been made a certainty through the completion of a two-million-dollar building fund for the Hahnemann Hospital and Medical College in that city. The campaign, which was directed by Carlton G. Ketchum, resulted in a total subscription well over the two million mark and additional pledges are coming in.

The fund is for construction of the first two wings of a three-wing E-shaped building. In addition, the foundation, basement and first floor of the third wing is to be built at this time. The entire building is to be occupied by the hospital. The present hospital will be remodelled into the new home for the medical college. The present college building is being razed to make way for the new hospital. The Hahnemann group is in the heart of Philadelphia's business section, on Broad Street about three blocks north of Broad Street Station, and extending through to Fifteenth Street.

The new hospital will have a 650-bed capacity in place of the present 415. There will be one floor devoted to surgical departments, six floors to private patients, five floors for public patients, one floor for semi-private patients, a maternity floor and a children's floor.

The financial campaign, in which the money for the new building was raised, was of the so-called group type, within a rather limited field, yet more than \$1,400,000 of the fund was made up of gifts of \$10,000 or less, which is an exceptional showing. More than \$1,600,000 was in subscriptions of \$25,000 or less.

The alumni, including the staff, contributed more than a quarter of a million dollars. The nurses brought in more than \$75,000 and the other women who took part in the campaign raised more than \$200,000 of the fund.

The campaign expense, everything included, was just a little over three and one-quarter per cent.

DARTMOUTH, N.S.—Dr. Allan Marton of Wolfville, N.S., has been appointed assistant medical superintendent at the Nova Scotia Hospital.

## PROBLEMS IN OUR TRAINING SCHOOLS

By SISTER M. LAVERTY, R.N.

Superintendent of Nurses, General Hospital, Edmonton.

The subject of "Training School Problems" is extensive and much larger than can be covered by this limited paper. I will therefore confine myself to three existing conditions akin in all training schools, which involve numerous and varying problems in connection with a nursing course.

1. The Nurses' Theoretical Training.
2. The Nurses' Practical Training.
3. The Nurses' Home Conditions.

First: The Nurses' Theoretical Training:

(a) How recruit for our training schools students possessing satisfactory preliminary education?

In my opinion one of the outstanding problems of our schools is to obtain recruits having a sufficient preliminary education. In this Prairie Province of the West, a scattered and floating population renders the advanced preliminary education a difficult task, and yet we need as students mature young women who are capable and willing; and the more education they possess, the better are they fitted for that noble profession to which they aspire, for while education will not contribute to their skill and adaptability in bedside nursing, it should, nevertheless, give them that broader view of life which is so essential in dealing with the frailties of human nature.

### Timely Suggestions

May I here advance a few remedial suggestions?

1. More frequent circulation of hospital and training school literature would be helpful in educating the laity as to what is expected of the applicant.

2. The school nurse whose work brings her in direct communication with the teachers of rural districts, could explain the importance of encouraging young girls to enter high school, in order to acquire that desired educational standing.

3. Would it not be advisable that superintendents of training schools arrange with the principals of our high schools for girls, to schedule for their vocational teaching more extensive lectures on the nursing profession? Superintendents could also send to the different boarding schools for girls a copy of their prospectus, with a request that it be placed in the school library in order that pupils might become conversant with the various opportunities offered in the field of nursing, and the different branches of the profession, such as:

1. Private Nurse.
2. Office Nurse.
3. Laboratory Technician.
4. X-Ray Technician.
5. Dietetic Nurse.
6. Nurse Instructor.
7. District Nurse.
8. Head Nurse in Hospital.
9. Superintendent of Hospital.

(b) How obtain uniformity of teaching?

The nursing profession, with its intimate contact with the sick and its wonderful opportunity for servi-

to humanity, might well become the ideal life to which we aspire.

The Hospital Training School is recognized as an institution offering a high type of theoretical and practical education, and has this decided advantages over the average educational institution, in that with it theory and practice may be combinedly worked out.

I was going to discuss in detail the necessity of a uniform system of training in our schools, but after hearing Miss Augur's most interesting paper on "A Provincial Curriculum for Schools of Nursing" I consider this unnecessary.

### A Uniform System

The new syllabus recently presented us should make the matter clear. It is entitled:

"Regulations of the Training School for Nurses of the Province of Alberta," as laid down by the Senate of the University of Alberta, together with Minimum Curriculum for the Training Schools and "Suggested Arrangements for Courses of Lectures, Recommendations for Text-Books, and Class Equipment."

This should be of immense assistance. A number of copies have been distributed to the different schools throughout the province.

I would here suggest that a vote of thanks be offered our worthy ex-registrar, Miss E. McPheddran, as she with her able co-operators, has furnished us with a curriculum highly appreciated and gratefully received, by every training school superintendent of the province.

That our schools are endeavouring to respond to the demands of the medical profession by graduating nurses, efficient and qualified, for the caring of the sick in this western country, is, I think, beyond dispute. However, there yet remains much to be accomplished, but with the wise and energetic co-operation of our hospital doctors, which we immensely appreciate, the desired ideal condition can be realized.

(c) How answer the demand for literature in a training school?

The nurses' library should be composed of various reading matter: religious books, entertaining fiction, books of humorous stories, poetry and travel. Apart from these, however, it is most important that there should be placed at the nurses' disposal a large supply of supplementary reading for the classroom and I would suggest for instructive reading the following periodicals:

- The Training Nurse and Hospital Review.
- The Canadian Nurse.
- La Veilleuse.
- The Canadian Hospital.
- The Hospital Medical and Nursing World.
- Modern Hospital.
- Hospital Progress.
- Hospital Management.

(d) How cultivate in the student nurse loyalty to the physician?

Pages could be written on this all-important subject, but I shall content myself by briefly bringing out the following points:

1. The nurse should ever bear in mind that the special reason for her professional service is the most whole-hearted co-operation with the physician or surgeon in attendance on the patient. This means not only the faithful carrying out of the doctor's orders but also the most complete sympathy with his methods and measures of treatment. It is extremely important that the nurse be taught the danger of commenting on the doctor's method of treatment. Her duty is to practice complete loyalty to the physicians whose patient she is nursing. Only recently I was asked by one of our physicians whether or not it would be possible to impress on the superintendent of nursing schools the importance of giving us nurses who can nurse our patients.

I think we can all claim a clear conscience in that regard, but, frankly speaking, is there not a tendency to overestimate the nurses' theoretical training?

Second: The Nurses' Practical Training:

(a) The supervision of floors.

The problem of just how much responsibility can or should be delegated to the senior nurses, is one frequently encountered.

This I would consider somewhat an individual matter varying according to circumstances and depending largely on the number of patients and the capacity of the particular senior nurse.

Student nurses have a right to expect supervision in their work from a person with training and experience, and supervision of the right type implies teaching, since merely to command without teaching the correct methods of work is waste of time and energy. Demonstrations should be given in the class room, but observation must be developed in connection with the daily bedside nursing. Although the pupil nurse cannot be given full responsibility for the conduct of the ward, she should be given a wide scope for individual work.

Theory and practice must go hand in hand, but we need to bear it constantly in mind that we are not going to get the best results in our schools, no matter how excellent the classroom teaching, without constant supervision over the nurses' different assignments, during her training.

(b) The successful training of the nurse in pediatrics is another problem of our schools, as the majority of our nurses receive but a limited course in child psychology.

The nurse should be taught to use her powers of observation together with her common sense. The demands of the sick child are not those of an adult, and upon the ability of the nurse to recognize and meet these needs, depends her success. Her feeling of responsibility should be developed in a special manner.

In order not to have over-tired nurses in attendance I would suggest assignments of only one month at

a time and I would like to emphasize the fact that the real training of a nurse in this branch of nursing is accomplished in actual clinical and bedside work carried on according to the lectures of the pediatric doctor.

(c) Laboratory Training.

How much training should the nurse be given in this line?

She should become familiar with the following articles of equipment:

1. Centrifuge.
2. Incubators.
3. Hot air sterilizers.
4. Autoclave.
5. Microscope.

She should be capable of doing certain scientific work:

1. Routine urinalysis.
2. Staining of tubercular bacillus.
3. Staining of pus smears.
4. Cultures.

With close supervision she should be capable of doing:

1. Microscopic urinalysis.
2. Red and white cell counts.
3. Microscopic examination of sputum for tubercular bacillus.
4. Microscopic examination of pus smears.
5. Preparation of reagents and solutions.

This I would judge for any nurse who is not going to take a special course in laboratory work.

3. The Nurses' Home Condition.

This is another problem which confronts us and much may be done to make our homes more attractive and comfortable for the student. Well organized recreation is very necessary in order that the nurse may maintain her proper standard of health.

(a) Recreation:

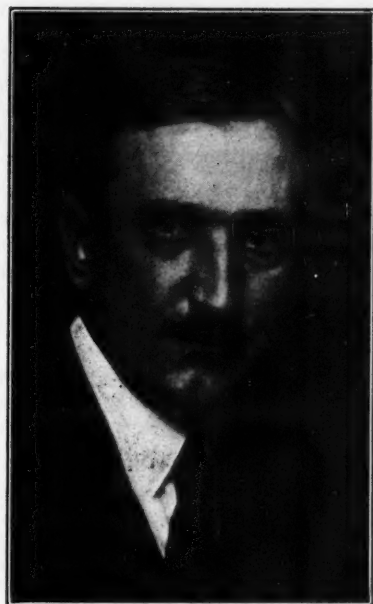
The life in a hospital is too intense and absorbing to admit of many social outside activities. Nurses, however, look back to the years of their training as the time when they enjoyed some of their happiest experiences and formed many of their closest friendships. The need of recreation and amusement has been recognized and the recreation room of the nurses' home should provide the nurse with enjoyable amusements, viz., class games, parties and home socials. In schools where the pupil nurses of the glee club are permitted to be responsible for some of these entertainments, the results are most satisfactory both mentally and physically. There should be a tennis court to furnish the regular outdoor exercise, and long walks should be indulged in.

(b) Food:

The food and the manner in which it is served are often an impediment to a girl in a training school. Food must be not only wholesome but appetizingly served, and sufficient time must be allowed for meals. The atmosphere of the refined home should pervade the nurses' dining-room and pleasant, helpful conversation should be encouraged.

A happy and contented nursing personnel makes for a happy and contented patient, since the nurse is in more constant contact with the patient than





**C. J. Decker**  
Toronto  
Superintendent The General Hospital

any other of the hospital personnel. Also the patient is dependent upon the nurse for care and comfort, and the attitude of the nurse towards the hospital and its administrators will be invariably reflected in the patient. Therefore the nurse is an important element in the success of the hospital, since the medical service cannot be effective unless the doctors are able to place implicit confidence in the efficiency and loyalty of the nursing service.

It is a matter of justice that the nurse be made content and happy in her work and loyal to the hospital, by providing proper living conditions and quarters and adequate time for both recreation and study, with ample educational opportunities and advantages.

It should always be impressed upon our nurses the fact that our patients are our guests and that we must treat them with as much courtesy and kindness as we would extend to those who accept the hospitality of our own home. They should realize that our object in establishing a Nurses' Training School is to educate young women, having the necessary qualifications, in the delicate, noble and self-sacrificing duties of caring for the sick, this, for a woman, being the highest mission in life.

These are some of the thoughts that occur to me in connection with the subject under consideration and these are at least some of the problems that confront us in our important work of training young women for that very important profession and I respectfully submit them for your consideration.

### 150 Nurses at Montreal General

There are 150 nurses on the staff of the Montreal General Hospital, 25 of whom are graduate nurses in charge of departments and wards, and acting as assistants in the different departments.

Each ward, in addition to having its complement of nurses, of which there are many more on duty during the day than at night, has a housekeeping staff consisting of a maid and several cleaners who are under the direction of a housekeeper.

### Dr. S. G. Graham Wins Starr Medal

Dr. Stanley G. Graham, at present on the staff of the Royal Sick Children's Hospital in Glasgow, Scotland, won the Starr Gold Medal this year, the third time it has been granted since 1908. Originating in 1858, this award is only granted for post-graduate research of exceptional merit. Dr. Graham graduated from the University of Toronto in 1916. His thesis, on "Acid Base Balance in Infancy," which was submitted to the University for the degree of M.D., and granted, was considered of such exceptional merit that it was also awarded the Starr Gold Medal. Dr. Graham started his research into the chemistry of metabolism under Dr. Andrew Hunter, of the Department of Pathological Chemistry of the University of Toronto, and carried out the practical application of his research in the Hospital for Sick Children for two years, later going to Glasgow, where he has continued his researches.

### Ask 20 Cents on Each \$1,000 of Assessment

"Is it worth 20 cents per year for 20 years on each \$1,000 of assessment to take the sick children of Edmonton out of the makeshift basement wards now provided for them at the Royal Alexandra Hospital, and put them into a department of their own, where they will have plenty of fresh air and sunshine, and the best of modern equipment?" was the appeal which Superintendent Dr. H. R. Smith advanced to the Rotary Club at a recent luncheon in the hospital.

A children's department in connection with this hospital would of necessity have to provide for about 100 beds, and to adequately serve the needs of the city, it should be divided into three or four sections, said Dr. Smith.

Ample provision should be made for all short-term cases, such as minor accidents, removal of tonsils and adenoids, etc. Such a department would cost to construct approximately \$160,000. The debenture and interest charges would be approximately \$13,000 per annum, and the cost of the new department to ratepayers per annum would be as follows:

Property assessed at \$1,000 would pay 20 cents per annum toward the new department.

Property assessed at \$5,000 would pay \$1.00 per annum.

Property assessed at \$10,000 would pay \$2.00 per annum and property assessed at \$100,000 would pay \$20.00 per year.

A \$160,000 by-law will be voted on June 20th.

## ADMINISTRATION OF KINGSTON HOSPITAL

R. FRASER ARMSTRONG,  
Superintendent

Under the Superintendent, R. Fraser Armstrong, the Kingston General Hospital (300 beds) is divided for administrative purposes into ten distinct departments, each having a responsible head in charge. These departments are as follows:

Nursing Division.  
Interne and Medical Division.  
Admitting and Collecting Division.  
Stores and Accounting Division.  
Radiology and Physical Therapy Division.  
Dietary Division.  
Housekeeping Division.  
Laundry.  
Pharmacy.  
Repair Division.

### Nursing Division

The Nursing Division is headed by the Superintendent of Nurses, Miss A. Baillie, who has in her department one full-time instructress who heads the school of nurses, six supervisors, 123 student nurses and six orderlies.

Under this department comes the whole of the efficient nursing service given at the hospital, together with the teaching and training of the student nurses, work of the greatest importance not only to the hospital and to the patient but to the community as a whole.

### Interne Division

The Interne Division has three senior internes, each of whom is responsible for the particular service allotted to him. One assumes the responsibility for the medical service, one for the surgical service and the third for routine pathological work.

The three senior internes are graduate doctors, and are assisted by seven sixth-year medical students from Queen's University.

### Admitting and Collecting

This department is responsible for the allocation of rooms for patients, the storing of patients' effects on admission, the proper recording of patients, and the multifarious duties in connection with the admission of patients. The department arranges the operating room schedule, making appointments for the surgeons.

Under this department also comes the collection of accounts, while the office service, telephone service and porter service is also under this heading.

### Stores and Accounting

The accounts of the hospital are kept on a revenue and expenditure basis, the superintendent being able to readily and intelligently analyse the financial condition of the institution at any time. By this means it is possible to compare the departmental costs in the hospital with those which exist in similar institutions, the information thus obtained being of the greatest value to the hospital heads.

Monthly statements are issued to the Board of Governors by this department, or rather by the

superintendent, who obtains his information from this department, including a statement of assets and liabilities, a cash statement and a revenue and expenditure statement on operating account.

### Radiology and Physical Therapy

This department has been completely re-organized during the past year. A full time medical officer, a specialist in his particular work, is in charge of this department.

The most modern equipment has been installed at a cost of some \$15,000, while, with its efficient director and staff, this department is now one of the outstanding divisions of the work carried out at the hospital.

### Dietary Division

When it is realized that over 1,300 meals are served each day in the General Hospital the importance of this department can be realized. Many of the meals served are according to a specially ordered diet and the greatest care has to be taken in their preparation and distribution.

The food distribution service adopted is from a main kitchen with a diet kitchen adjoining, the distribution of the meals being done by means of insulated and heated food wagons which carry the food to the ward kitchens where it is distributed to the individual patient from hot water heated apparatus.

This division is headed by a graduate dietitian who has under her a fully qualified chef responsible for the practical details.

### Housekeeping Division

The Housekeeping Division is very far from being one of the least importance. Cleanliness in a hospital has to be maintained at the very highest standard and the head of this department, the hospital housekeeper, has a large staff of employees under her, and is responsible for the maintenance of cleanliness throughout the institution.

### The Laundry

The Laundry, if established by a private company or concern in the city, would be classed as one of the thriving small industrial concerns of Kingston.

This department employs some twelve to fourteen hands, and turns out about 15,000 pieces of laundry work every week of the year.

### The Pharmacy

The Hospital Pharmacy, with a fully qualified pharmacist in charge, is one of the most important factors in the treatment of patients who enter the hospital.

The careful and efficient making up of prescriptions is one of the greatest protections of a patient who is dependent upon the pharmacist for the correct carrying out of the doctor's orders.

A fact that is often overlooked when a patient pays his or her account on leaving the hospital is

that the cost of the ordinary drugs and medicine prescribed in treatment is included in the cost of the room which he or she occupies.

#### Repair Division

In the Repair Department of the hospital are a properly qualified plumber, a carpenter and a general mechanic. All minor and emergency repairs are carried out by employees of this division, and their services are of the utmost value in maintaining efficient service in an institution of such a size.

#### Col. Gartshore's Splendid Gift

The splendid new operating rooms of Victoria Hospital, London, Ont., presented to the city by Col. William Gartshore, were formally opened on June 1st. At the same time a tablet was unveiled from the medical men of London to show their appreciation of the generosity of Col. Gartshore. The colonel has been a member of the Victoria Hospital Trust for many years and has taken a deep and sympathetic interest in all its developments. He has crowned his years of work with this handsome gift, which gives Victoria Hospital operating quarters the equal of any in Canada. Col. Gartshore has set a fine example to the wealthy citizens of London by his liberality.

In the group of buildings which comprise Victoria Hospital, consisting of the main building, the Health Institute, the Children's Hospital, the new Nurses' Home and the Medical School, London has a series of structures of which the city has reason to be proud. To Col. Gartshore, as a member of the Hospital Trust for so many years, belongs much of the credit for the present high standing of the institution.

#### Graduation at St. Joseph's, Hamilton

Undermount, the Nurses' Residence, at St. Joseph's Hospital, Hamilton, was beautifully decorated in pale blue and white, with a handsome shield of the Hamilton coat of arms over a gracefully draped large Union Jack, as the background of the stage, when the graduating class of 1927 took their places on the evening of June 10th, for the 13th Annual Graduating Exercises.

Dr. Hess, chief of staff, was chairman. His Lordship Bishop McNally presented diplomas and medals and gave an inspiring address to the graduating class, exhorting the graduates to live up to the high ideals that have ever been placed before them by the good sisters of St. Joseph.

Dr. Sullivan and Mayor Treleaven spoke briefly.

A musical programme was given by the student misses, under direction of Mrs. Biggar.

Prizes were given as follows:

Dr. Douner Prize, for general proficiency, presented by His Lordship to Miss Dorothy Hayes.

Dr. Parry Prize, for surgical nursing and technique, presented by Mrs. Parry to Miss Teresa Scanlan.

Dr. Playfair Prize, for highest standing in medical examination, presented by the Mayor to Miss Ethel Kelly.

The Corbett-Cowley Prize, for medical nursing presented by Mrs. Treleaven to Miss Catherine O'Farrell.

## Sterling

SURGEON'S GLOVES

GLOVES TO FIT ANY HAND



Our facilities for making special forms enable us to produce gloves which fit exactly any deformed hand. This individual service can easily be obtained. On request we will send instructions for measurements which will enable us to reproduce the exact shape of the hand.

## Sterling Rubber Company

LIMITED

GUELPH - CANADA

Largest Specialists in SEAMLESS Rubber Gloves  
in the British Empire.

*A Standard Germicide  
for Institutional Use—*

# TRISEPTOL

"HARTZ"

**Economical because  
of its high  
germicidal power**

CANADIAN MADE

BY

## The J.F. HARTZ Co.

LIMITED

Pharmaceutical Manufacturers

TORONTO

MONTREAL

Please refer to THE CANADIAN HOSPITAL when writing



## No Other Mattress like the "Canfealine"

**W**HAT every good hospital mattress should be it is, and more! It is the product of years of experience in the building of high-grade mattresses.

Hundreds of live, tempered coil springs in separate fabric pockets are divided into five units by the Canfealine patented sectional construction. This is the basis for the exceptional comfort of the Canfealine "Perfect." On either side of the spring units is a generous layer of fine agava (fibre) hair; next, a heavy layer of cotton felt covered by strong durable ticking.

Protect the comfort of your patients and the reputation of your hospital by using

## "CANFEALINE" Perfect Spring Mattresses

Our Double Arc Pillows are  
Distinctly New in Principle.  
They hold their shape and  
last longer.

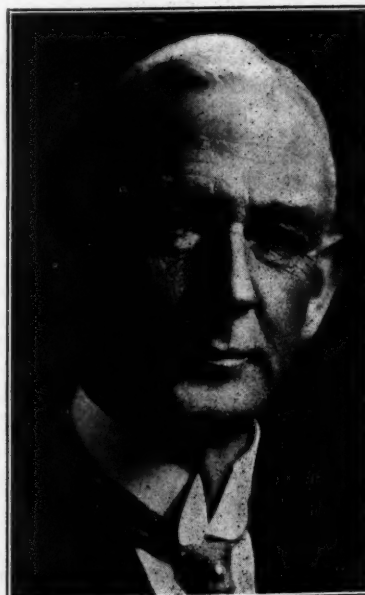
*If your dealer does not handle, write us*

**The Canadian Feather  
& Mattress Co.**  
LIMITED

Toronto

Ottawa

*We Keep Awake that Others may Sleep*



*Photo by Milne Studios*

**Dr. F. N. G. Starr**

Toronto

*President The Canadian Medical Association*

### Finnell System, Inc., Moves to Elkhart

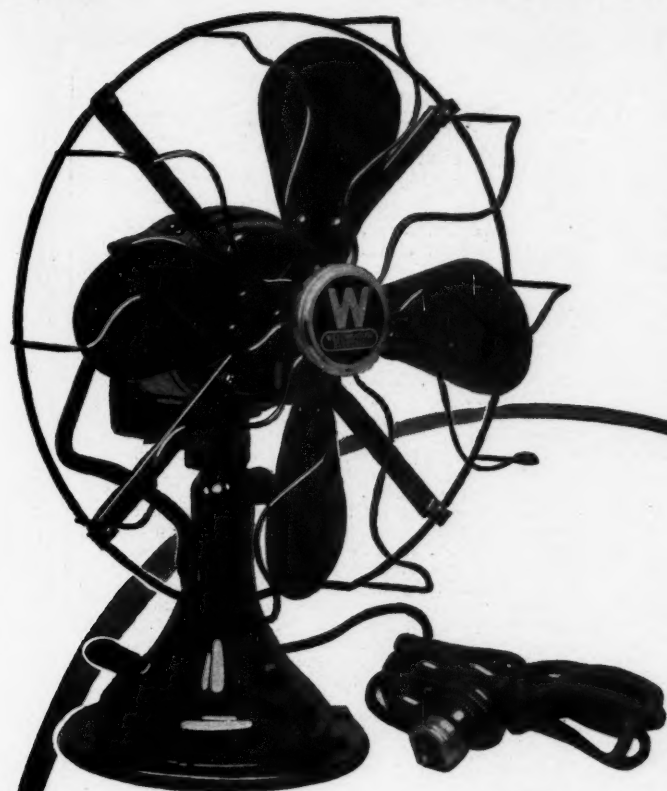
The hospitals have been among the first to adopt wholeheartedly the idea of scrubbing and polishing floors electrically. It is interesting to note, therefore, that the idea has spread so rapidly that the pioneer and leader of the rising industry has been obliged to move its general office and factory from Hannibal, Missouri, to Elkhart, Indiana, in order to accommodate its growth. On June 1st, the Finnell System, Inc., opened for business its new home in the latter thriving industrial centre.

The removal of a factory and office such as that operated by the Finnell System, a distance of three hundred miles is a remarkable feat even in this day of notable achievements. The moving was performed as swiftly and as smoothly as any circus could do it, requiring 36 cars to transport the machinery and equipment.

The new plant of the Finnell Company contains 75,000 square feet of floor space, enough at present to meet the needs of the business. There is adequate provision for additions and extensions to keep pace with the rapid growth.

The Finnell Company is an internationally known organization, with more than fifty branch offices and warehouses in the United States and Canada and extending to Europe through representatives in Great Britain and Sweden. Besides the plant at Elkhart there is a factory at Ottawa and branches at Montreal, Winnipeg and Vancouver.

*Please refer to THE CANADIAN HOSPITAL when writing*



*An Aid  
to  
Hospital Comfort*

At this season of the year particularly, the *quiet-running* Westinghouse Electric Fan is greatly appreciated in hospital wards.



As a producer of a gentle circulation of cooling air, it contributes to bodily comfort and undoubtedly is a "godsend" to many patients on "trying days."

Westinghouse Electric Fans are of course available either in portable form or as permanent installations. All sizes and styles.

# Westinghouse

**ELECTRIC FANS**

MADE IN CANADA

## THE DOCTOR'S PAGE

*The Canadian Medical Association Convention  
Toronto, June 13-17*

**T**HE national importance of the standardization through a Federal Government department, of all drugs used in Canada, a pronouncement concerning the dread disease of cancer, and the importance of a progressive policy of medical education for organized medicine throughout the Dominion, were among the questions touched on in the address of the President of the Canadian Medical Association, Dr. F. N. G. Starr, of Toronto, which he delivered at the luncheon marking the formal opening of the convention. The Great Hall of Hart House was completely filled with a most distinguished body of medical men, representative of the Canadian medical profession, as well as a number of notable laymen, who occupied seats at the head table.

The laymen present included His Honour the Lieutenant-Governor of Ontario, attended by Col. Alex. Fraser, A.D.S., the Rt. Hon. Sir William Mulock, K.C.M.G., Chief Justice of Ontario and Chancellor of the University of Toronto, the Hon. G. Howard Ferguson, Prime Minister of Ontario, Sir Robert Falconer, K.C.M.G., President of the University of Toronto, who with Hon. and Rev. H. J. Cody, LL.D., D.D., represented the University, and Mayor Foster.

Premier Ferguson, who spoke briefly at the close of the presidential address, said that "the one thing that interests me most, as a public man is the fact that the medical profession are more and more realizing their responsibilities as citizens of the country, in performing public service." Expressing his unbounded hope for, and belief in, the great future ahead of the northern part of Ontario, the Premier declared that there existed there a wonderful field for genuine public service in "the developing and carrying on of an educational campaign, and the laying of a firm foundation for a sound, healthy and vigorous population in that great country." Premier Ferguson believed that he was fully qualified to say that the people up there were indebted to a very great extent to the medical profession. "That section of Ontario is undoubtedly destined to become the great important centre of this province," he declared.

### Standardized Drugs

In connection with the proposed Dominion-wide standardization of drugs, Dr. F. N. G. Starr, in his presidential address, said: "The physician naturally hopes and expects that the drugs which he uses in his practice are as pure and as potent as it is possible to manufacture. Unfortunately, however, the physician, in the great majority of instances, is not in a position to judge whether or not a drug is what it purports to be. Realizing the national importance of this problem, the Canadian Medical Association advised the Federal Department of Health that standardization of drugs, both chemical and physiological, should be a duty of the government. We are glad to say that the government admitted the validity of our contention and have for the past two years been working upon the establishment of a department whose duty it shall be to make sure that all the drugs used in Canada are what they should be. This is a real practical service," declared Dr. Starr, "both to the medical profession and to the public."

"What shall I say of that dread disease, cancer?" said Dr. Starr. "With the thousands of investigators working throughout the world, surely it should not be long," he continued, "ere a cure will be found. In the meantime, however, the knife is the safest remedy and that only when people have the sense to seek relief early then the outlook is brilliant."

"Thus the science of medicine moves on, from strength to strength," said Dr. Starr, after enumerating the advances made in connection with the various diseases. "Yet we always have with us the various cults."

"They have their day and cease to be," he quoted. Quackery existed in ancient Greece and had the disapproval of Hippocrates. Wonder cures will always be demanded by the mind of man. It would hardly be seemly for the medical profession to advertise its cures. Sometimes, inadvertently, the press advertises our failures.

"Every broad-minded practitioner of medicine," declared Dr. Starr, "realizes the importance of a progressive policy of medical education. The doctor who allows his mental equipment to rust will stagnate. Each decade sees so many contributions made to medical learning and achievement, that it behooves the man in practice to keep constantly on the alert for new ideas, improved methods and improved helps. Realizing the importance of all these facts, the Canadian Medical Association has endeavoured to assist organized medicine throughout Canada in furthering post-graduate plans. Every provincial medical association in Canada has expressed its great appreciation of our own post-graduate efforts. Hundreds of practitioners have spoken in praise of this splendid type of service. The Canadian Medical Association is the only nationally organized medical association in the world carrying out such an ambitious and extensive extra-mural programme."

### Series of Health Talks

Dr. Starr told the gathering that before long the association hoped to have in full running order a series of instructional health talks of a sane and salutary tone, given to the public through the daily and weekly papers. It was interesting to note also, he said, that owing to the representations of the C.M.A. Canada had been invited to appoint a representative on the British committee charged with the responsibility of revising the British Pharmacopeia.

"Upon statesmanship, and not upon the setting up of special organizations depends our future," declared Dr. Starr. "Let me say here, when any group of doctors contemplates organizing a 'special' society, don't! Form a section of the C.M.A., thus strengthening the parent organization and in turn receiving its prestige, strength and experience. I look for the day when every reputable medical man is an enthusiastic member of this association, thus binding the medical profession into a solid phalanx from coast to coast. Then the highest standards and the newest achievement in medical science may be within easy reach of every Canadian citizen."

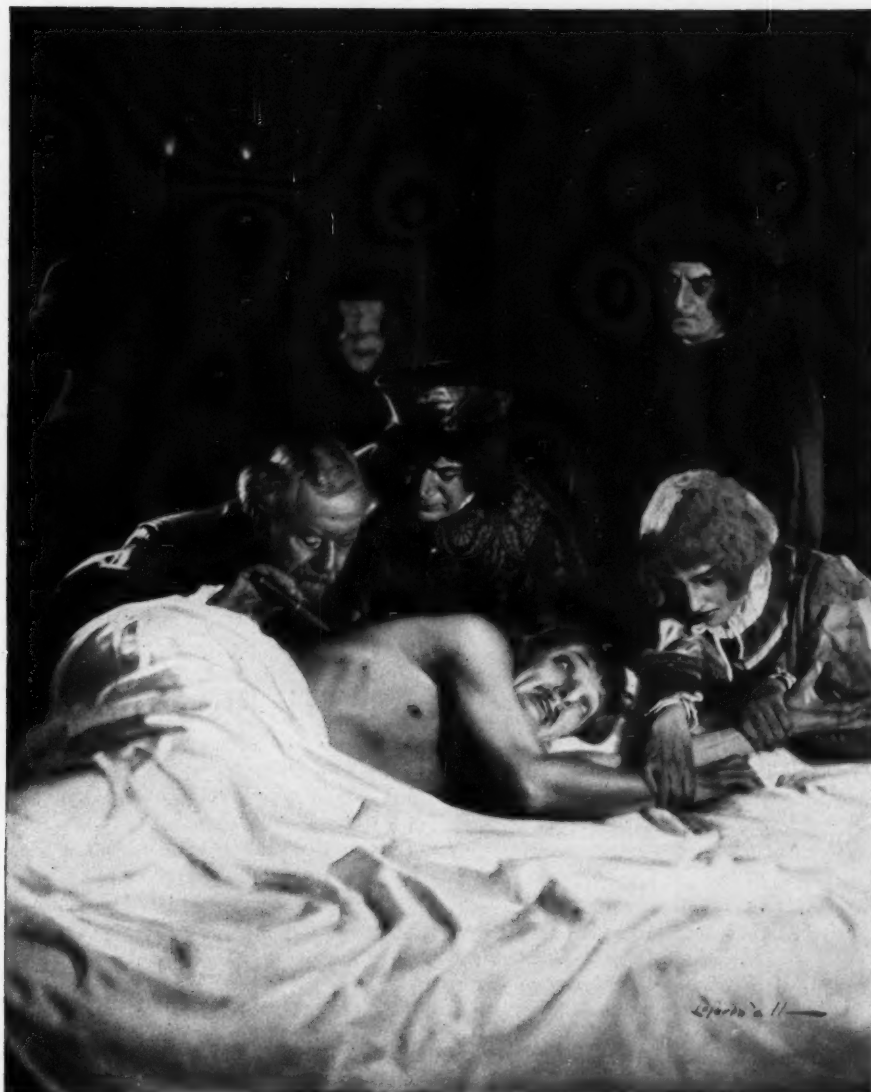
The next annual meeting of the Canadian Medical Association, which will be its fifty-ninth, will be held in Charlottetown, Prince Edward Island, according to a decision made by the council during the convention. It was also decided to hold the 1929 meeting in Montreal, and the 1930 in Winnipeg. The 1930 meeting will be a joint meeting with the British Medical Association, who will meet with the C.M.A. in Winnipeg.

### Officers Elected

The officers of the C.M.A. for the coming year are: Honorary patron, H.R.H. the Prince of Wales; president, Dr. F. N. G. Starr, Toronto; president-elect, Dr. S. R. Jenkins, Charlottetown; chairman of council, Dr. Alexander Primrose; hon. treasurer, Dr. A. T. Bazin, Montreal; general secretary, Dr. T. C. Routley; managing editor, Dr. A. D. Blackader, Montreal.

The officers of the Ontario Medical Association are: President, Dr. Weston Krupp, Woodstock; first vice-president, Dr. E. A. McQuade, Trenton; second vice-president, Dr. A. J. Grant, London; hon. treasurer, Dr. G. Stewart Cameron, Peterborough; secretary, Dr. T. C. Routley, Toronto. The next annual meeting of the O.M.A., the forty-eighth, will be held in Kingston next year.





**L**eonardo Bertapaglia, a surgeon and teacher at Padua in the early XVth century, did much to improve the method of ligation. While his contemporaries were using the *ligature en masse*, he isolated the vessel, tied it with linen thread, and to prevent slipping took a stitch in the vessel before completing the knots. He stressed the value of rib resection in empyema; and sutured intestinal wounds, using softened catgut for the latter purpose in preference to thread.

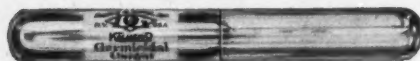
## D&G Sutures

"THIS ONE THING WE DO"

DAVIS & GECK INC.

## Kalmerid Catgut

**G**ERMICIDAL. Exerts a bactericidal action in the suture tract. Supersedes the older unstable iodized sutures. Impregnated with the double iodine compound, potassium-mercuric-iodide.† Heat sterilized.



The boilable grade is unusually flexible for boilable catgut; the non-boilable grade is extremely flexible.

### TWO VARIETIES

BOILABLE*	NON-BOILABLE
NO.	NO.
1205.....PLAIN CATGUT.....	1405
1225.....10-DAY CHROMIC.....	1425
1245.....20-DAY CHROMIC.....	1445
1285.....40-DAY CHROMIC.....	1485

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....\$3.00  
Less 20% on gross or more or \$28.80, net, a gross

## Claustro-Thermal Catgut

**A**SEPTIC—not germicidal. Sterilized by heat after the tubes are sealed. Boilable.\* Unusually flexible for boilable catgut.



NO.	
105.....	PLAIN CATGUT
125.....	10-DAY CHROMIC CATGUT
145.....	20-DAY CHROMIC CATGUT
185.....	40-DAY CHROMIC CATGUT

Sizes: 000..00..0..1..2..3..4

Approximately 60 inches in each tube

Package of 12 tubes of a size.....\$3.00  
Less 20% on gross or more or \$28.80, net, a gross



*D&G Sutures are always found neutral under the most delicate titration tests. This is one of the reasons they uniformly behave well in the tissues.*

## Atraumatic Needles

**F**OR GASTRO-INTESTINAL suturing and for all membranes where minimized suture trauma is desirable. Integrally affixed to 20-day Kalmerid catgut. Boilable.\*

Experimental evidence has proven 20-day chromic catgut the most suitable for gastro-intestinal suturing. It has been found that gastric wounds are fully healed within 12 days, and intestinal wounds at 16 days. At these periods the 20-day catgut (regardless of size) still retains, respectively, 60 per cent and 30 per cent of its initial strength.

THEY DO NOT BEND HERE—



ILLUSTRATIONS ARE FIVE-EIGHTHS SIZE



STRAIGHT NEEDLES ARE IN ROUND TUBES



CURVED NEEDLES ARE IN FLAT TUBES

NO.	INCHES IN TUBE	DOZEN
1341..STRAIGHT NEEDLE.....	28.....	\$3.00
1342..TWO STRAIGHT NEEDLES...	36.....	3.60
1343..3/8-CIRCLE NEEDLE.....	28.....	3.60
1345..1/2-CIRCLE NEEDLE.....	28.....	3.60

Less 20% discount on one gross or more

Sizes: 00..0..1

Packages of 12 tubes of one kind and size

## Kangaroo Tendons

**G**ERMICIDAL, being impregnated with potassium-mercuric-iodide.† Chromicized to resist absorption in fascia or in tendon for approximately thirty days. The non-boilable grade is extremely flexible.



NO.	
370.....	NON-BOILABLE GRADE
380.....	*BOILABLE GRADE

Sizes: 0..2..4..6..8..16..24

Each tube contains one tendon

Lengths vary from 12 to 20 inches

Package of 12 tubes of a size.....\$3.00  
Less 20% on gross or more or \$28.80, net, a gross

DAVIS & GECK INC. v 211-221 DUFFIELD ST. v BROOKLYN, N. Y.

D&G Sutures are obtainable from responsible dealers everywhere; or direct, postpaid

## Non-Absorbable Sutures



NO.	INCHES IN TUBE	SIZES
350..CELLULOID-LINEN.....	60.....	000, 00, 0
360..HORSEHAIR.....	168.....	00
390..WHITE SILKWORM GUT..	84.....	00, 0, 1
400..BLACK SILKWORM GUT..	84.....	00, 0, 1
450..WHITE TWISTED SILK....	60.....	000 TO 3
460..BLACK TWISTED SILK....	60.....	000, 0, 2
480..WHITE BRAIDED SILK....	60.....	00, 0, 2, 4
490..BLACK BRAIDED SILK....	60.....	00, 1, 4

### BOILABLE

Package of 12 tubes of a size. . . . \$3.00  
Less 20% on gross or more or \$28.80, net, a gross

## Short Sutures for Minor Surgery



NO.	INCHES IN TUBE	SIZES
802..PLAIN KALMERID CATGUT..	20..00, 0, 1, 2, 3	
812..10-DAY KALMERID "	20..00, 0, 1, 2, 3	
822..20-DAY KALMERID "	20..00, 0, 1, 2, 3	
862..HORSEHAIR.....	56.....	00
872..WHITE SILKWORM GUT....	28.....	0
882..WHITE TWISTED SILK....	20.....	000, 0, 2
892..UMBILICAL TAPE.....	24...1/8-IN. WIDE	

### BOILABLE

Package of 12 tubes of a size. . . . \$1.50  
Less 20% on gross or more or \$14.40, net, a gross

## Emergency Sutures with Needles

UNIVERSAL NEEDLE FOR SKIN, MUSCLE, OR TENDON



NO.	INCHES IN TUBE	SIZES
904..PLAIN KALMERID CATGUT..	20..00, 0, 1, 2, 3	
914..10-DAY KALMERID "	20..00, 0, 1, 2, 3	
924..20-DAY KALMERID "	20..00, 0, 1, 2, 3	
964..HORSEHAIR.....	56.....	00
974..WHITE SILKWORM GUT....	28.....	0
984..WHITE TWISTED SILK....	20.....	000, 0, 2

### BOILABLE

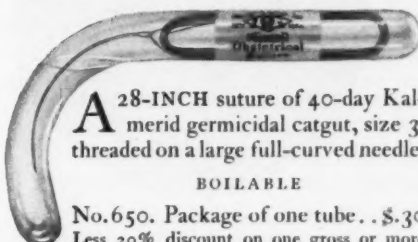
Package of 12 tubes of a size. . . . \$2.40  
Less 20% on gross or more or \$23.04, net, a gross

The ash of D & G Sutures is assayed to make sure that no traces remain of uncombined chromium nor of other residues of the chromicizing process.



## Obstetrical Sutures

FOR IMMEDIATE REPAIR OF PERINEAL LACERATIONS



A 28-INCH suture of 40-day Kalmerid germicidal catgut, size 3, threaded on a large full-curved needle.

### BOILABLE

No. 650. Package of one tube. . . \$ .30  
Less 20% discount on one gross or more

## Circumcision Sutures



A 28-INCH suture of Kalmerid germicidal catgut, plain, size 00, threaded on a small full-curved needle.

### BOILABLE

No. 600. Package of 12 tubes. . . . \$3.00  
Less 20% on gross or more or \$28.80, net, a gross

## Universal Suture Sizes

All sutures are gauged by the standard catgut sizes as here shown

000	4
00	6
0	8
1	16
2	24
3	

\*These tubes not only may be boiled but even may be autoclaved up to 30 pounds pressure, any number of times, without impairment of the sutures.

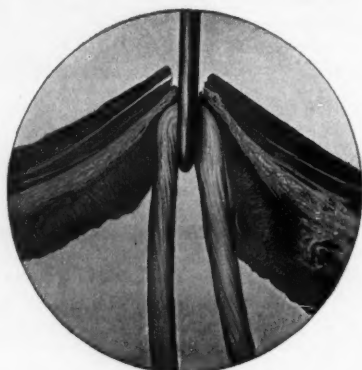
†Potassium-mercuric-iodide is the ideal bactericide for the preparation of germicidal sutures. It has a phenol coefficient of at least 1100; it is not precipitated by serum or other proteins; it is chemically stable—unlike iodine it does not break down under light and heat; it interferes in no way with the absorption of the sutures, and in the proportions used is free from irritating action on tissues.

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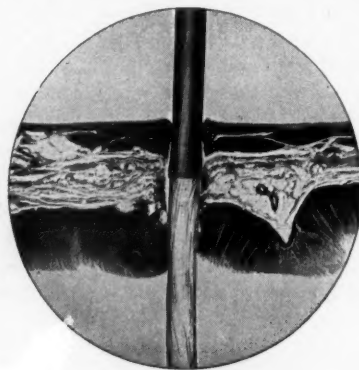


## MINIMIZED SUTURE TRAUMA



ORDINARY NEEDLE

Photomicrograph of ordinary intestinal needle penetrating the stomach wall. Note excessive trauma produced by the doubled catgut.



ATRAUMATIC NEEDLE

Photomicrograph prepared under identical conditions, of the D&G Atraumatic Needle with suture attached. Note minimized trauma.

## D&G ATRAUMATIC NEEDLE

Affixed to the Boilable Grade of  
20-Day Kalmerid Germicidal Catgut

FOR GASTRO-INTESTINAL AND MEMBRANE SUTURING



PRODUCT NO.	IN PACKAGES OF TWELVE TUBES OF ONE KIND AND SIZE	DOZEN TUBES
1341. A straight intestinal needle affixed to a 28-inch suture.....		\$3.00
1342. Two straight intestinal needles affixed to a 36-inch suture.....		3.60
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## MAKE THE SANATORIUM A UNIVERSITY

By Dr. DAVID A. STEWART

Medical Superintendent, Manitoba Sanatorium, Ninette

It used to be said in the old days of too much food and too few interests, that sanatorium patients came in men and went out cabbages. It is true that a workless man tends to become a worthless man, even if the worklessness be his misfortune and in no way his fault. A man with a daily task, a daily interest, something to mark the movement of the moments, something to make time of value, is a much better patient and will go much farther in "the cure," than one who has no employment but to watch the dragging hours upon the clock. Moments that were leaden can be made golden by the stimulus of a daily duty or a waiting task.

Some work to do, of a kind and an amount suitable to his condition, is the right and the duty of almost every tuberculous man in bed, every convalescent, every part-sick, part-well man and every fairly-well but restricted and handicapped man.

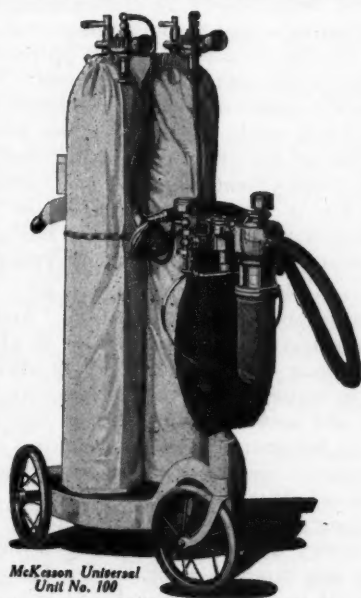
What shall the work be? As the handicaps of disease lessen, opportunities for work increase. The fairly-well man is easily provided for. What of those in bed?

We have lived through the era of "vocational" work and found it that usually did not make carpenters or, if it did, it sometimes unmade cures. Through the various phases of ordinary "occupational" work we have passed also, and in some there has

been real value. Even to busy the fingers only, while the mind is idle, has sometimes its uses. But the peculiarity of the tuberculous patient is that for long months he lies in bed, a *mens sana*, though not *in corpore sano*, a healthy functioning active mind in a disabled body. Playthings may satisfy for a month, but not much longer, at least they should not. If they do, when a little stiffer employment is possible, the mind has perhaps become sick; laziness lack of earnestness, are besetting sins of the part-sick.

For the sick man in bed ingenuity can devise many occupations of interest and usefulness, but of all these the most elastic, the most varied and generally applicable, at any rate to the tuberculous sick man, the best filler-in of his moments, the best organizer of his days, the best tonic to keep his soul in health, is study. If we have must one word to replace "vocational," or "occupational," let it be "cultural." Along with doctor and nurse let us have schoolmaster and mistress.

We speak often of the sanatorium as a school. If it is not a school of health, it is nothing. But it may be, and should be, much more broadly than most of us have it, a school. Formal, regular, purposive study gives almost all the days a double use, yields a product and a by-product, cure of the body and



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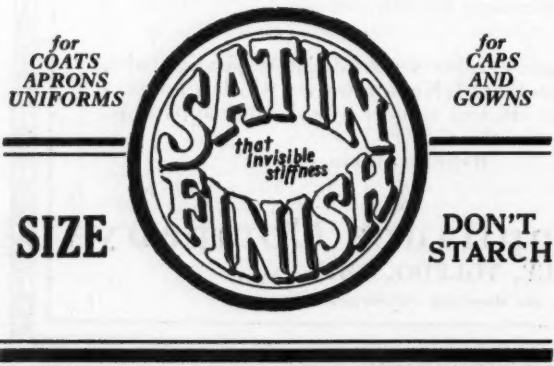


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culture of the mind as well.

It needs no costly equipment, but may begin impromptu, at any moment, wherever there is a man and a book. No need of a school-room. What place better than a bed? What time better than to-day? A teacher? If we can get one, yes, by all means. If not, perhaps the man in the next bed may help. If he cannot, a man and a book, even left to themselves can conjure magic, can work wonders, can perform miracles.

It is wonderful what can be accomplished by a man in bed, with just a little guidance and encouragement from a teacher making perhaps not more than one visit a week. The results of such a casual-looking routine suggest that the bottle and funnel method of education may not be so necessary, wise or efficient as we thought. All real education, after all, is self-education, and the process of self-education can go on favourably, in adults at any rate, with a minimum of teaching and direction.

Study may be directly vocational. It may fill in painful gaps in the little red school-house curriculum. It can give a real start to those who missed that educational stimulus of the district altogether. It can help the man of foreign tongue to a start in the language and usages of his new home. Carpenter, lawyer, doctor, farmer, machinist, engineer, house-keeper, business man, professor, plasterer, miner, each may get a better understanding of his own work and its place in the community, can seriously better himself in it by studying its various relations. As Edison has said, "We know about one-seven-billionth of one per cent. about anything." So there is much we can learn, and should learn, even the youngest of us.

A little arithmetic or history or grammar or spelling fills a part of the day interestingly and purposefully also. The man in bed begins to feel himself a useful member of society again, no longer an encumbrance, or idler, actually at work, if only for a few minutes a day, and that in his own bed, getting ready for more suitable employment when he has conquered his disease. For a tuberculous man, whose wage should be earned with least sweat of brow, has special need to improve all his aptitudes and capacities.

Every man needs a play job as well as a work job, an avocation as well as a vocation. And this need is not the less but far the greater in chronic illness with its long empty hours, and its uncertain outlook into the western haze. Study is occupational and cultural, and soul-satisfying, though too much may well be, as Solomon has said, a weariness of the flesh. From poetry, history or astronomy, from geology, literature or language, there may linger an after-glow for the long watches of the night or day when the lamp of energy burns dim. There is something in books that can interest every human being, not wholly idiotic, if it could be found. In a hospital ward a stranger may pick out those who are occupied and those who only dawdle. No avocation, no filler for chinks of time, is half so generally suitable as study. Time that might be wastefully killed is usefully and pleasantly filled.

Should not every sanatorium be a university,

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and every man and woman in it a student? Might not the inquiries on admission include school history as well as health history, preferences in books as well as in foods, mental and social needs as well as physical? Each periodical survey might take account of what head was doing as well as heat-regulating centre. School-master might report on progress as well as nurse. For a man to spend a whole sanatorium year or two, fit for some work, and find betterment in body only, no useful by-product besides, should be considered a reproach to our system. A sanatorium can be made a school, and men in bed students. It has been done, and the results are good both for mind and body.

What has been said of the sanatorium is almost equally true of hospitals in general. Many an hour and many a day of many an illness might be filled with study or purposeful reading, or work, not only without harm but with positive gain in all ways to all concerned: the patient, the hospital and the community. (The Journal of the Outdoor Life, December, 1926.)

VANCOUVER, B.C.—The new tuberculosis building, fitted as a unit of Vancouver General Hospital, has been opened and patients transferred from the old building. The former University administration building has been turned into a hospital ward by the addition of three balconies and up-to-date equipment. There are 81 beds, an increase of 37 over the former accommodation for tubercular patients.

#### Appointments at Fredericton Hospital

Miss Grace M. Murray, who was superintendent of Victoria Public Hospital in Fredericton, N.B., in 1917, is returning to again take up the superintendency of the hospital.

Miss Murray, who is a native of Doaktown, is a graduate of the Rhode Island General Hospital, and went to Fredericton during the war. After a short service at the hospital she resigned to take up port work and accompanied a number of invalided men from the different ports to various parts of Canada. At the conclusion of her service she went to Neepawa, Man., where she was for some years in charge of the operating room of the hospital there. She is at present at Woonsocket, R.I., where she has been taking a post-graduate course, and will enter upon her new duties about the first of July.

Miss Norton, of Montreal, has been appointed nurse in charge of the operating room, succeeding Miss Roelofson, who resigned some time ago. Miss Bernadine Flanagan, of Marysville, has been appointed assistant to Miss Norton.

Miss Kathleen B. Hill, who has been acting superintendent since Miss Pringle's resignation, is leaving at the end of the month.

W. S. Kelly, technician in charge of the X-ray department, who has been in poor health for some time, has been granted leave of absence, and a supply is expected from the west in a short time to take his place.

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## News of Hospitals and Staffs

*A Condensed Monthly Summary of Hospital Activities, Building and Extension Plans and Personal News of Hospital Workers.*

*Editor's Note: Contributions of items for publication in this department will be gladly received. Please address, The Canadian Hospital, 454 King Street West, Toronto.*

BELLEVILLE, ONT.—The supervising committee of the Belleville General Hospital has appointed Miss Florence McIndoo, a graduate of Grace Hospital, Toronto, as superintendent of the local hospital, in place of Miss Tait, who resigned. Miss McIndoo will assume her duties on July 2nd.

SYDNEY, N.S.—Miss Florence McKinnon, R.N., until recently the popular night superintendent of the City Hospital, whose wedding is to take place very shortly, was tendered a "miscellaneous shower" by about 60 of her friends. The many valuable gifts bore evidence of the esteem in which Miss McKinnon is held.

NEW LISKEARD.—The Spruce Falls Co., Kapuskasing, has awarded the contracts for the erection of a modern hospital, a new club house and an up-to-date hotel at Kapuskasing, and the successful tenderers are Hill-Clark-Francis, New Liskeard. The job is one of the biggest undertaken in the district. Approximately \$700,000 is involved.

MONCTON, N.B.—Mayor B. A. Taylor, in the presence of between 2,000 and 3,000 people, turned the first sod for the construction of the new five-story Hotel Dieu Hospital to be erected in this city by the Sisters of Providence. The new hospital is to accommodate a hundred patients and will cost in the vicinity of \$400,000.

CAMPBELLTON, N.B.—In the opening of the large new wing of the Hotel Dieu here, this institution has taken another significant step in its progressive programme of steady expansion and the improvement of its now extensive facilities for the proper care of the sick. The new wing, which is 120 feet long by 40 feet in width, increases the capacity of the hospital by twenty-three beds.

EDMONTON, ALTA.—The resignation of Miss B. Guernsey, lady superintendent for the past three years at the Royal Alexandra Hospital, was received with extreme regret by the board. Numerous tributes to her highly efficient work and regrets at her decision to vacate the post on July 1st were voiced by board members, after which the matter was referred to the executive, with power to act.

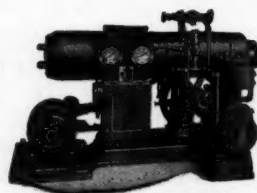
Owing to private reasons, it would be necessary for her return to the east, so the board was notified by Miss Guernsey.

NANAIMO, B.C.—Nanaimo Hospital has been closed by order of the board of management.

This action was deemed necessary as the institution is financially embarrassed. The last stroke came recently when ratepayers of Nanaimo turned down for the third time the hospital by-law asking for a grant of \$25,000 to complete the unfinished wing.

CAMPBELLTON, N.B.—Those most interested in the progress of the Soldiers' Memorial Hospital here will learn with regret of the resignation of Miss Mary F. Bliss as superintendent of that institution. Miss Bliss will enter McGill University in September to take a special course of study.

Miss Bliss has been superintendent of the Soldiers' Memorial Hospital for over five years, having taken charge when the hospital was first opened in March, 1922.



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MOOSE JAW, SASK.—Miss Vera Clements, R.N., has accepted a position as assistant supervisor in the Provincial Hospital, Moose Jaw. Miss Clements is from Lethbridge. She graduated this spring from the Provincial Hospital, Moose Jaw.

\* \* \*

MOOSE JAW, SASK.—Burgesses here recently voted in an expenditure by-law, to make possible a new wing to the Moose Jaw General Hospital at an approximate cost of \$125,000. Only 46 opposed the bill, while a total of 1,052 voted in favour of it.

\* \* \*

ST. JOHN, N.B.—Robert T. Hayes, of this city, will be among those to receive the degree of doctor of medicine at the graduating exercises of McGill University this year. Following his graduation, Dr. Hayes will go to Saint John, where he will be attached to the interne staff of the General Public Hospital.

\* \* \*

FREDERICTON, N.B.—Miss Margaret Pringle, of Stanley, who had been superintendent of the Victoria Hospital here for two years, has severed her connection with the institution. Miss Kathleen Hill, of St. Stephen, assistant superintendent for two years, who also has resigned, will carry on for June as acting superintendent.

\* \* \*

HAMILTON, ONT.—Miss Constance Brewster, formerly teacher of French at Central Collegiate Institute, Regina, has been appointed assistant superintendent of nurses of the Hamilton General Hospital. Miss Brewster left Regina in 1921 to enter training in the Royal Victoria Hospital, Montreal. She had the distinction of graduating with the highest honours among a class of 58 nurses and was the winner of a post-graduate scholarship to McGill University. Previous to her present appointment, Miss Brewster had been instructor of nurses in the Hamilton General Hospital.

\* \* \*

KENTVILLE, N.S.—Dr. C. M. Bayne, assistant superintendent of the Nova Scotia Sanatorium has resigned his position and has engaged in private practice and consultation work as a tuberculosis expert in Sydney.

Dr. Bayne graduated from Dalhousie Medical School in 1920, joining the staff of the Nova Scotia Sanatorium in May of that year, being shortly afterward appointed assistant superintendent, which position he has held continuously during the past seven years. As a medical officer he has won the respect and confidence of the profession, and through his interest in and untiring efforts on behalf of the patients has been very popular with the patient body in the institution. In this respect it is a worthy tribute of note, that, on learning of Dr. Bayne's intention to resign his position at Kentville, the patients at the Sanatorium presented a largely signed petition to the Hon. G. S. Harrington, Minister of Public Works and Mines, asking that every inducement be offered to retain Dr. Bayne's services.

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## THE LAUNDRY

### Properties of Individual Sours

By F. H. GUERNSEY  
Chief Chemist, The Cowles Detergent Co.

#### Acetic Acid

Acetic Acid is an organic acid of considerable utility in textile souring. The pure acid will crystallize at 62 degrees F., but in commercial practice the 55 per cent. to 56 per cent. solution is more common. When water is added to the pure acid, its specific gravity rises, and with further additions falls again. The 56 per cent. acid has the same specific gravity as the pure acid.

Acetic acid is a good neutralizer for alkali, forming sodium acetate as a by-product. Sodium acetate is a crystalline material, very soluble in water and melting at about 137 degrees F. Normal quantities of it, if retained in the goods, will not produce any complications, but larger amounts arising from strongly alkaline water or poor rinsing alkali-builders will char slightly at the temperature of ironing and produce a brown or yellow discoloration, accompanied by the formation of alkali.

Acetic acid will not dissolve iron stains but it will clear most of the other acid-soluble stains.

It is excellent for dissolving lime and magnesium soaps (by decomposition) and is therefore valuable in clearing greyness from that source.

By virtue of its acid value, acetic acid will combine with the hypochlorite, i.e., ordinary chlorine bleaches, and bring about their decomposition. It has no opposite (reducing) bleach action and therefore does not function in bleach decomposition in that manner. It has no power to bleach by chemical reduction.

This acid is used extensively in preparation of the bluing bath and is well adapted for the purpose.

The fact that acetic acid has practically no damaging effect upon fibres and colours is of great importance. It is driven off or vapourized by the action of heat in ironing.

A strong solution of acetic acid, at the temperature of boiling, followed by ironing, may produce a "scoop" effect upon cotton, but is not so active in this respect as oxalic.

Owing to a rather unpleasant odour, the practice of leaving acetic acid in wet wash or other unfinished goods is being rapidly abandoned.

#### Oxalic Acid

Oxalic acid is a solid crystalline substance, melting at the boiling point of water. It is a much stronger acid than acetic acid, but is rather slow to dissolve in water. This unfortunate fact is of importance in connection with its use in textile processes.

Oxalic acid is an excellent neutralizer of alkali, but the sodium oxalate is formed even less soluble

in water than the acid itself. When a limited amount of oxalic acid is used, an acid salt having destructive properties may be formed.

Oxalic acid will decompose lime and magnesium soaps but the lime or magnesium salt formed in doing so is not soluble in water (as is the case when using acetic acid) and the gritty deposit may be left in the goods to affect the feel of the goods, and injure its mechanical strength.

One of the greatest values of this sour lies in its ability to remove various stains. It is an excellent iron stain remover, and by its chemical reducing power a reducing bleach, which is particularly effective upon many stains, is secured. In decomposition of chlorine bleach it has a double action due to acidity and reducing (the opposite to oxidizing) power.

Oxalic acid is a favourite of many in connection with the bluing operation. With the basic or "sour" blues it is noted for its ability to fix an even shade and hold it. It is believed that this property is due to a tendency of oxalic acid to form oxycellulose, which has a strong attraction for the basic colours. In fact a basic colour or dye may often be detected by attraction for oxycellulose.

The most serious obstacle in the path of oxalic acid as a textile sour is its destructiveness to fibre and colour. This is further aggravated by its poor rinsing properties mentioned above. The damage wrought in the act of souring is secondary to that produced when the acid is dried in the fibre and subjected to the heat and pressure of ironing. It may be safely stated that any amount of oxalic acid which may be detected will produce serious losses of tensile strength during the ironing process. Traces of oxalic acid remaining in the goods will produce the familiar "crunch" or scoop in the goods. Oxalic damage is a common cause of collar cracking. Unfortunately this sour is not driven from the goods by the heat of ironing. It is a non-volatile under those conditions and remains in the goods as a destructive agent.

#### Sulphuric Acid

This acid is a strong liquid mineral acid, obtainable upon the market in various strengths. When the strong acid is diluted with water, there is a sudden liberation of heat, making this operation a more or less hazardous one. When diluting the acid with water, the acid should always be poured into the water in a thin stream with constant stirring. Water should never be poured into the concentrated acid.

As a neutralizer for alkali, sulphuric acid is very efficient, and the non-destructive sodium sulphate is formed as a by-product. It is also efficient in breaking up lime soap deposits, though the calcium sulphate formed is not very soluble. Sulphuric acid is commonly used to clean up wash wheels which have become coated with these heavy metal soaps.

It is an excellent stain remover, though it has no reducing properties. It is effective upon fresh iron stains, but, generally speaking, oxalic acid excels in this application.

Sulphuric acid is a valuable aid in bluing and

*Continued on Page 33*

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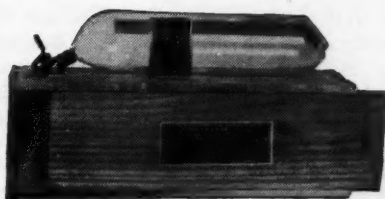
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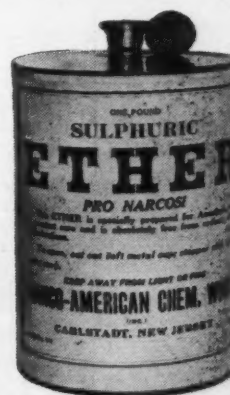


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antees a safe anaesthetic.

Put up in ¼ lb., ½ lb. and 1 lb. tins

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### A Simple, Easily Operated Cross Index to Case Records

Every hospital executive is familiar with the necessity of a cross index to cases by final diagnosis and operations, commonly termed "A Diagnosis Index." For intelligent discussion of cases and treatments at staff meetings it is an invaluable aid. In routine use statistical reports are quickly and easily compiled from this single source of complete data.

The complete case record system for hospitals requires the use of three cards. These are called: The Diagnosis Card, the Associated Condition Card, and the Operation Card. These cards are 8 x 5 inches in size and are each of distinctive colours to facilitate accuracy and speed in entering and referring to information. A Classification and Nomenclature Book is also used, the first section of which contains a classification of all known diseases and outlines the index as it is set up in file guide form, giving the main subjects with their respective divisions and subdivisions. The second section is an alphabetical index to the diagnosis which tells under what headings they are to be filed.

To show the simplicity of operating this index, the recording of a single is followed through and illustrated.



This Index, 8 x 5 inches in size, provides a quick accurate means of entering and referring to Case Records by Operation, Diagnosis or Associated Condition

31

### II. CIRCULATORY SYSTEM DISEASES— (Continued)

#### 3. Heart—(Continued)

##### Endocarditis—(Continued)

##### Valvular

Active Infectious  
Chronic Fibrous  
Sclerotic

##### Fatty Heart

##### Gumma

##### Hypertrophy

Athlete's heart

##### Hypertrophy and Dilatation

##### Intoxication from Drugs

##### Murmurs

##### Myocarditis

Toxic (Cloudy Swelling)

Acute Interstitial

Chronic Interstitial

Myocardial Insufficiency

##### Neurosis (unspecified)

##### Prosis

##### Rupture

##### Thrombosis, Mural

##### Valvular Lesions General

Aortic Insufficiency

##### Aortic Stenosis

Mitral Insufficiency

Mitral Stenosis

Pulmonic Insufficiency

Pulmonic Stenosis

Tricuspid Insufficiency

Tricuspid Stenosis

Aneurism of Valve

##### Wound

#### A page from the Classification Section of the Nomenclature Book

1. A case record has come to the record room with a final diagnosis of "Myocarditis accompanied by Endocarditis." The clerk turns to the Classification Book subject index and is referred to page 31 of the text.

2. On page 31 (illustrated) the clerk finds "Myocarditis" is a disease of the heart and establishes the primary filing classification under "Circulatory System Diseases."

3. A diagnosis card is then filled out (unless there already is such a card in the file) headed "Circulatory System Diseases—Heart—"Myocarditis" on which the case number, date of admission, date of discharge and results are entered. This card is then filed behind the guide for "Myocarditis" which is a subdivision of the "Heart" division, which in turn is behind the primary classification guide, "Circulatory System Diseases." The general arrangement of the classification system is shown in the file index illustration.

4. As endocarditis is an associated condition the clerk fills out a card (unless one is already on file), finding from reference to the Classification Book that Endocarditis is also a heart condition. An entry is made of the case number and the name of the condition accompanying which in this case is "Myocarditis." The card is then filed behind Endocarditis, a subdivision of "Heart" under the primary classification of Circulatory System Diseases.

Illustration and data courtesy of The Office Specialty Mfg. Co., Limited, Toronto.



5. The "Operation Card" is used only for operations and gives the case number, date of operation, date of discharge and results.

This system is so simple and error-proof that any

clerk without special familiarity with surgical and medical terms can maintain the file in an efficient and wholly satisfactory manner.

KITCHENER, ONT.—The resignation of Dr. J. J. Walters, for five years Superintendent of the Kitchener-Waterloo Hospital, has been accepted by the Hospital Commission with much regret. The resignation, which is to take effect on August 1, came as a distinct surprise to the Commission. Poor health was given as the reason.

ST. JOHN, N.B.—Dr. F. L. Kenney and Dr. R. M. Pendrigh have been elected to the staff of the Maritime Sanitarium and Hospital at a meeting of the medical staff of the institution.

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## DIETETICS

### American Dietetic Association Convention

The American Dietetic Association will hold its tenth annual meeting in St. Louis, Missouri, October 17th, 18th and 19th, 1927. The headquarters of the convention will be at the Hotel Statler.

The Association was founded in 1918 in Cleveland by pioneers in administrative hospital dietetics. The war had focused the need of the country and the world upon adequate control of diet from the standpoints of health and economics. The larger hospitals had small diet kitchens which furnished special diets for certain diseases. The need for dietitians was beginning to be felt. The Red Cross had enrolled a great number for war service. A small group of dietitians organized the American Dietetic Association to further the common cause of all workers in nutrition and to determine the standards of the dietitian. From this small beginning the Association has grown into a national organization of highly trained workers in nutrition and allied fields. From women with splendid practical ability who formed it came the impetus toward a more scientific background. To-day our women's colleges are full of students of nutrition in training for many different kinds of work in the field of diet.

To the hospital administrative dietitian has been added the expert in diet-therapy, the metabolic research worker, the teacher of nutrition in schools and colleges, the social service dietitian in hospitals, clinics and city centres, the dietitian in the schools who detects malnutrition in children, and brings them up to normal, at the same time educating the child to know something of food values; the dietitians in commercial work, directors of cafeterias and lunch rooms, the educational directors of large food firms and of magazines and daily papers who conduct nutrition columns.

The programme of the American Dietetic Association at the annual meeting covers all of these fields. Speakers are provided from among the laity and the medical profession who discuss authoritatively the problems of each group. The latest work in nutritional research is brought to the Association. Administrative puzzles are solved by the most competent people in that specialty. In addition to this, valuable information which no dietitian interested in her future and the future of her profession will want to miss. The inspiration derived from the convention stimulates to renewed activity and ambition.

The contact with enthusiastic professional friends from every section of the United States, from Canada, from dietitians who have served in China, Australia, Hawaii, is worth the effort it may be to attend the convention.

St. Louis is uniquely adapted to act as the con-

vention city. It offers an opportunity for study in all the phases of the field of dietetics. Washington University School of Medicine and its affiliated hospitals and dispensary, the Barne's Hospital, the St. Louis Children's Hospital, the new St. Louis Maternity Hospital and the Washington University Dispensary is one of the outstanding medical groups of the United States. The personnel of the staffs, laboratory and hospital equipment and research facilities presents a well-balanced medical plant.

The Shriners' Hospital for Crippled Children is nearby. The New Jewish Hospital with its complete modern equipment and central service kosher kitchen is only a block away; St. John's Hospital likewise is in the neighbourhood.

The St. Louis University Medical School and its associated hospital, the New St. Mary's Hospital, is also of interest, St. Luke's, Missouri Baptist Sanitarium, City Hospitals, Bethesda, Mullanphy, and Christian are other important hospitals with active dietetic departments.

The various hotels, restaurants, Y.W.C.A., Y.M.C.A., the cafeterias of some of the large department stores and factories and schools will permit observations of their cuisines.

The City of St. Louis has much interest for the visitor. It was founded on the banks of the Mississippi in 1763 by the Frenchman, Pierre Laclède. Lewis and Clarke left from St. Louis to blaze the Oregon Trail. St. Louis has always been one of the great fur markets of the world. Since the early trading days the city has developed into a world market for innumerable natural and manufactured commodities.

St. Louis has beautiful parks, a famous zoo, a

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TORONTO, ONT.—Dr. George E. Wilson has been appointed Surgeon-in-Chief of St. Michael's Hospital. He is a graduate of the University of Toronto, and a Fellow of the Royal College of Surgeons, London, England.

HAMILTON, ONT.—The new interne staff at St. Joseph's Hospital is as follows: Dr. Maureen Elder, McGill University Med. Sch., B.A., New York University, M.Pd., M.U.U.; Dr. Ruth Lyness, University of Alberta, Edmonton, and Children's Hospital, Winnipeg, 1926-27; Dr. Fraser, Western University, London, Ont.

### Dr. Geoffrey Bourne on Travel Study Tour

Dr. Geoffrey Bourne, of London, England, widely known medical authority, is studying conditions at the Toronto General Hospital.

Dr. Bourne has been honoured by the Rockefeller Foundation by being selected as one of a few medical men from the British Isles for travel study and inspection of American and Canadian hospitals. In the United States he put in periods at Johns Hopkins Hospital, Baltimore; Barnes Hospital, St. Louis; the Mayo Clinic, Rochester, Minn.; Northwestern and St. Luke's hospitals, Chicago; Ann Arbor Medical School; and Lakeside Hospital, Cleveland.

### Park is Model of Camp Sanitation

The Palisades Interstate Park, above the west shore of the Hudson river, seeks more earnestly than any other resort in the world to protect visitors from infection, in the opinion of Dr. John Walker Harrington, writing in the July "Hygeia." In 1926 only six cases of communicable disease were reported among the 10,000,000 visitors to the park. The park serves as a model for other camps of all kinds.

One of the first acts of the health officer in charge was to close the hundreds of springs on the grounds, as these were found to be contaminated. What appear to be nature's springs are artificial fonts into which the purified water, led by pipes, splashes over from a hidden source.

Camping is permitted only in restricted areas in which every arrangement has been made for sanitation. The campers live under discipline and arrangements resembling those of an army camp.

There is a bathing pool 100x225 feet and from a few inches to 18 feet deep. This is blasted from the natural rock and smoothed with concrete at the bottom. Its waters are filtered and then chlorinated. Every week the pool is emptied, the walls and bottom scrubbed with heavy fiber brushes dipped in chemicals, and the pool again filled.

Even the laundering of clothes is under supervision at this park. Every mouthful of food and drink that comes into the preserve must pass inspection. Permits to sell in the park are issued only to butchers, bakers, grocers, milkmen and other tradesmen whose food products are known to be of high quality. All cooks for the inn and employees of group camps must pass physical examinations.

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### Properties of Individual Sours

*Continued from Page 26*

in fact is largely used in dyeing processes to promote dissociation of the dye substance.

The strong acidity of sulphuric acid will rapidly bring about decomposition of chlorine bleach.

The strength of this acid, or, in other words, the hydrogen ion content of its solutions, is so great as to be extremely destructive to cotton.

Although sulphuric acid is very soluble, it clings to the fibre by absorption and produces "acid patches." Parchment paper is prepared by the action of sulphuric acid upon cellulose.

In the textile industry sulphuric acid is used in dilute solution and in the cold. Under these conditions, the sour is not as destructive, but under laundry washwheel conditions the injurious action is much more intensive.

Many cases of fabric destruction by the acid, and acid vapour from household radio batteries, have been reported. In several instances sulphur-oxidizing bacteria have been known to produce sulphuric acid in fabrics with damaging results. Very often, in fact in most cases, the damage due to the drying-in of sulphuric acid is not apparent until the fabric is placed in water or touched by a heated iron. In many cases the concentration is strong enough to produce a charring of the goods.

Sulphuric acid is destructive to many colours and as it does not evaporate at ironing temperature, the heat of ironing drives out only the water, leaving the acid to concentrate in the goods.

There are two solid forms of sulphuric acid commonly found on the market and both are sometimes used as sours. The more common of these two is nitre cake, which is a mixture of sodium acid sulphate and neutral sodium sulphate. Nitre cake is equivalent to about one-third its weight of sulphuric acid. That is, ten pounds of nitre cake is equivalent to three and one-third pounds sulphuric acid. From the standpoint of textile souring, the properties of this nitre cake are identical with those of sulphuric acid.

The other source of sulphuric acid is aluminum sulphate. When this material is dissolved in water, sulphuric acid and aluminum hydrate are formed. The acid acts as a sour, but the cloth fibre absorbs considerable of the aluminum hydrate, with the result that repeated treatments will bring about discolouration and precipitation of insoluble aluminum soap in the fabric.

Part III of this article will be published in the August issue of The Canadian Hospital.—Editor's note.

OWEN SOUND, ONT.—Plans for the \$50,000 extension to the General and Marine Hospital have been finally approved by the board of management and within a short time work will commence.

The new extension will be three stories in height, and there will be 32 rooms in the wing in addition to two modern operating rooms, a new and up-to-date maternity section and ample accommodation for physicians and their assistants.

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## American Dietetic Association Convention

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magnificent horticultural garden, a splendid art museum, a municipal outdoor theatre, a symphony orchestra and many other attractions.

The points of interest in the city may be quickly gained by street railway and bus system. Twenty-eight railroads coming into St. Louis make it easy to reach for travellers from any part of the country.

All railroads have consented to grant the fare and one-half rate. This means that each delegate to the convention must ask for a certificate upon purchasing her one-way ticket. This certificate is validated at the convention and if there are 250 certificates half fare may be secured on the return trip.

The firms who are to be exhibitors at the 1927 convention are a very representative group. The booth space has been in such demand that there remain only three to be sold at this early date.

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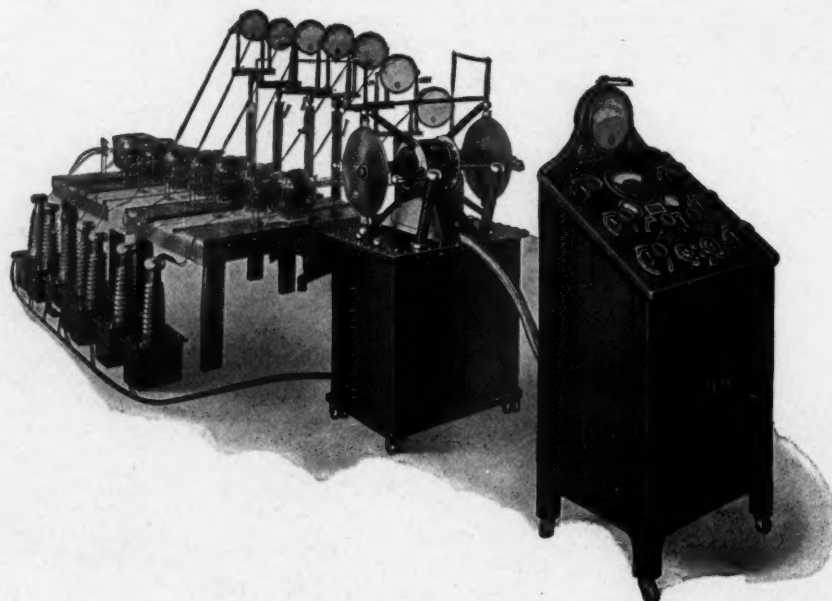
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